



TOWN OF SHREWSBURY
MASSACHUSETTS 01545 - 5398

\$75.00 Application Fee to cover cost of legal advertisement and certified notices to abutters etc. Please make check payable to the Town of Shrewsbury.

APPLICATION FOR LICENSE

Name of applicant: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Telephone (Work): _____ Telephone (Home): _____

Name of Business or Corporation: _____

Location: _____
Number & Street Tax Plate Plot Number

Type of License: _____

State purpose and hours for which license is required: _____

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

* Signature of individual or corporate name (mandatory)

By: Corporate Office (mandatory, if applicable)

** Social Security Number or federal identification number
(voluntary)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligation. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of MGL c. 62C, s49A.

This application has been Date: _____

APPROVED

DENIED

